

EXPEDITE (if filing within 5 court days of hearing)

Hearing is set:

Date: _____

Time: _____

SUPERIOR COURT OF WASHINGTON FOR THURSTON COUNTY FAMILY AND JUVENILE COURT	
In re _____	
Petitioner(s)	
and _____	
Respondent(s)	

No. _____

**Sealed Personal Health Care
Records (Cover Sheet)
(SEALPHC)**

Clerk's Action Required

Sealed Personal Health Care Records

(List documents below and write "Sealed" at least one inch from the top of the first page of each document.)

Records or correspondences that contain health information that:

- Relates to the past, present, or future physical or mental health condition of an individual including past, present, or future payments for health care. **(MDR)**
- Involves genetic parentage testing. **(RSBT)**

DATED: _____.

Submitted by:

Signature: _____

Print Name: _____

Address: _____

Phone No.: (____) _____

NOTICE: The other party may have access to these health care records. If you are concerned for your safety or the safety of the children, you may redact (block out or delete) information that identifies your location. Other parties may have access to these health care records through a court order. You may also redact the following information: Social security number, driver's license number, telephone number, and financial account numbers.